



**CONTRACT OF ENROLLMENT**  
**Adult Healthy-Lifestyle Workshop Series**  
**Spring 2008**

**Please Print**

Date \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

If child is in a HealthBarn USA program, please name: \_\_\_\_\_

Please explain any medical conditions (including allergies) \_\_\_\_\_

How did you **first** learn about us? \_\_\_\_\_

Are you enrolling for the  6-Week  12-Week beginning March 31, 2008

**Please indicate preferred series for you:**

- \_\_\_ Series A Mondays 9:15 am
- \_\_\_ Series B Tuesdays 1:00 pm
- \_\_\_ Series C Fridays 9:15 am
- \_\_\_ Series D Saturdays 9:00 am

Additional requests will be considered: \_\_\_\_\_

**Program Package:**

6-week HB USA includes:

Initial and final private consultation by nutritionist.  
6 hours of in-depth nutrition education and recipe tasting.  
Supplies and natural and organic food included.

**Fee:**  
\$495.00\*

12-week package includes:

Initial and final private consultation by nutritionist.  
12 hours of in-depth nutrition education and recipe tasting.  
Supplies and natural and organic food included.

\$795.00\*

\* \$50.00 discount for adult with a child in a HealthBarn USA program.

- ✓ To enroll send a deposit of \$50.00 with this agreement to HealthBarn USA, Inc., PO Box 621, Wyckoff, NJ 07481. Please inquire about a payment plan or full payment will be due at the start of the program.
- ✓ Fee may be partially reimbursed by your health insurer, or covered by Flexible Savings Account.

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